

220219

STATE OF SOUTH CAROLINA

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to amend name on Charter Bus Certificate

Carr Enterprises, Inc. dba MBF Tours & Travel

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 153 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: * Sharon Carr

Telephone: * 843-235-8941

Address: * MBF Tours & Travel, LLC

Fax: * 843-237-2549

* 816 Blackgun Road

Other:

* Pawleys Island, SC 29585

Email: * mbftours@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 11/6/09

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☒ Class C Charter Bus # 0258
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change** (Complete attached document for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: CARR Enterprises, Inc DBA: MBF Tours & Travel
(Current Name) (Current DBA if applicable)

TO: MBF Tours & Travel, LLC DBA: NA
(New Name) (New DBA if applicable)

☐ **Scope of Authority**
From: _____ To: _____
(Current Scope) (New Scope)

☐ **Passenger Limit**
From: _____ To: _____
(Current Limit Number) (New Limit Number)

MBF Tours & Travel, LLC
(Name & DBA if applicable)

Pawleys Island, SC 29585
(City, State, Zip Code)

843-235-8941
(Telephone Number)

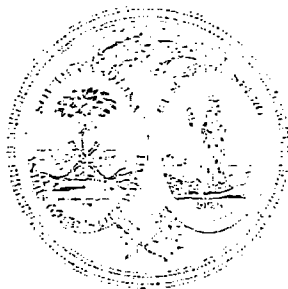
86 Blackgum Road
(Street Address)

Sharon Carr
(Signature)

Member

(Title) owner, president, vice-pres, etc

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

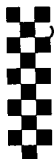
I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MBF TOURS & TRAVEL , LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 1st, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
12th day of December, 2008.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State



**MBF TOURS & TRAVEL, LLC
POST OFFICE BOX 961
PAWLEYS ISLAND, SOUTH CAROLINA 29585
FACSIMILE COVER SHEET**

To: Docketing Department
Company: Public Service Commission
Phone:
Fax: 803-896-5199

From: Sharon Carr
Company:
Phone: 843-543-1365
Fax: 843-237-2549

Dates: 11-6-2009
Page(s): 4

RECEIVED

PSD IC
DOCKETING

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